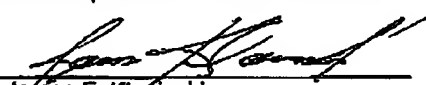


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PATENT APPLICATION

<b>FEE AUTHORIZATION / AMENDMENT TRANSMITTAL</b>				Attorney's Docket No: 2836-E		
Serial No. 09/699,923	Filing Date October 30, 2000	Examiner GAMBEL, Phillip	Group Art Unit 1644			
In Re Application of David H. LYNCH et al.						
For: METHODS FOR PREPARING DENDRITIC CELLS						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <input type="checkbox"/> One month of original due date (\$120.00) <input checked="" type="checkbox"/> Two months of original due date (\$450.00) <input type="checkbox"/> Three months of original due date (\$1,020.00) <input type="checkbox"/> Four months of original due date (\$1,580.00) <input type="checkbox"/> Five months of original due date (\$2,160.00) <input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. <input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
<b>CLAIMS AS AMENDED</b>						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	8	Minus	24	= 0	x \$50	= \$ 0.00
Indep. Claims	3	Minus	3	= 0	x \$200	= \$ 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+	\$360
Total Additional Fee for this Amendment						\$ 0.00
<p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.          ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.          *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.          The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.</p> <p><input type="checkbox"/> The following other fees are incurred by the accompanying papers.  <input type="checkbox"/> Other: _____</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of \$450.00. A duplicate copy of this petition is attached.</p> <p><input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.</p>						
Please Send Future Correspondence To:						
<b>22932</b>						
Immunex Corporation Law Department 1201 Amgen Court West Seattle, Washington 98119-3105 (206) 265-7000				 James E. Kjaniecki Attorney/Agent for Applicants Registration No.: 38,207 Phone: (206) 265-7145 Date: March 7, 2005		

03/21/2005 6DUCKETT 00000004 090089 09699923

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450.00 DA

## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted to the United States Patent and Trademark Office on the date shown below.

March 7, 2005  
Date

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

09699923

**CLAIMS AS FILED PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS	24	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	24 minus 20 =	4
INDEPENDENT CLAIMS	3 minus 3 =	-
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2.

**CLAIMS AS AMENDED - PART II**

7.6.04

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	25	Minus	24 = 1
Independent	5	Minus	3 = 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	72.00
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	782.00

SMALL ENTITY ☐ OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	18-
X40=		OR	X80=	172-
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

9.27.04

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	10	Minus	25 =
Independent	3	Minus	5 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

15, 16, 29

03.7.05

900

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	10	Minus	25 =
Independent	3	Minus	5 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

15, 16, 29

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" is less than 20, the fee is based on the "Highest Number Previously Paid For" in the appropriate box in column 1.